

To: Finance Department
Accounts Payable

EXPENSE ADVANCE
TRANSMITTAL FORM

VOUCHER NO.	
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AMOUNT

CHECK	
Number	Date

VENDOR

Entered By Finance

An expense advance is requested for:

APPROVED BY:

POSTED

VENDOR
NAME > _____ **
> _____ ** **ONLY ONE (1) PERSON PER FORM**
> _____

ENCUMBERENCE NUMBER	DATA ENTRY		AMOUNT	CHARGE TO ACCOUNT NUMBER			
	DATE			FUND		DEPARTMENT	ACCOUNT NO.
		Advance			9		
					9		
					9		

I HEREBY REQUEST AN ADVANCE IN THE AMOUNT OF \$ _____ FOR EXPENSES TO ATTEND _____
AT _____ FROM _____, 20____ TO _____, 20____.

I AGREE TO SUBMIT A COMPLETED COUNTY TRAVEL EXPENSE REPORT TO ACCOUNT FOR MY EXPENDITURES ALONG WITH RECEIPTS WITHIN SEVEN (7) DAYS AFTER RETURN FROM MY TRIP.

EMPLOYEE SIGNATURE: _____

APPROVED FOR PAYMENT _____ DEPARTMENT HEAD SIGNATURE: _____ DATE: _____
DEPARTMENT NAME

ACCOUNTING SUPERVISOR: _____ FINANCE DIRECTOR: _____